

CGP Performance Review Summary

for District Personnel, District Reports, reports to local Board of Education

School:

Date:

Section I: System Support

Standard I: Board Adoption and Approval	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard II: Comprehensive Counseling and Guidance Training	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard III: Structural Components	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard IV: Time Allocation	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard V: Interschool Communication	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard VI: Program Leadership and Management	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard VII: Needs Assessment and Needs Data	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Section II: Direct Services

Standard VIII: Responsive Services	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard IX: Guidance Curriculum	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard X: Career Exploration and Development	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard XI: Individual Planning/SEOP Process	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Standard XII: Every Student	Overall rating for this standard: 4 3 2 1 0
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Strengths:

Recommendations:

Overall Strengths:

Overall Recommendations:

ALL standards must be met for a program to be an approved Comprehensive Counseling and Guidance Program. If all standards are not met, the school may be held harmless for six (6) months without losing their funding, provided the program passes a re-evaluation within that six (6) month period.

The overall recommendation by the On-Site Review Committee of the school's Comprehensive Counseling and Guidance program is: (circle one and provide dates)

Pass: Mostly **level 3 overall ratings**, indicating a fully functioning program.

Next review will take place in school year: 20_____ - 20_____

Probation: Four or five **level 2 overall ratings** or **a level 0 or 1 overall rating** on one or more standards; requires a follow-up review within six months by the same review team.

Date of follow-up review: _____

Fail: A six-month follow-up review was not scheduled and/or passed.

Date by which follow-up review must be completed: _____

(Self-evaluation signatures on the back cover.)

School administrator signature as evidence of participation in and attendance at this review:

Date:

ON-SITE REVIEW COMMITTEE CHAIR AND COMMITTEE MEMBER SIGNATURE

School/District	School/District
Chair	Counselor Member
Administrator Member	Counselor Member
ATE/SS Member	Member

SCHOOL DISTRICT APPROVAL: Please provide the following signatures.

District ATE Director:	Date:
District Pupil Services/Counselor Supervisor:	Date:
District Superintendent:	Date:

This form must be received by the Comprehensive Guidance Specialist at USOE on or before May 1st of the school year during which the On-Site Review is scheduled.

Signature spaces for Self-evaluation on the back cover

Standard VI:

School Guidance Team - Describe how the program has addressed recommendations from the last review:

School Guidance Team - Describe new program goals:

For a Level 4 rating, describe how the counseling team has connected this standard with the School Improvement Plan:

Standard VII:

School Guidance Team - Describe how the program has addressed recommendations from the last review:

School Guidance Team - Describe new program goals:

For a Level 4 rating, describe how the counseling team has connected this standard with the School Improvement Plan:

Additional page for Standards VI and VII

Standard VI:

Review Team - Describe program strengths:

Review Team - Identify new program recommendations:

Standard VII:

Review Team - Describe program strengths:

Review Team - Identify new program recommendations:

Signatures for Self-Evaluation

The undersigned participated in the Self-Evaluation of this Comprehensive Guidance Program

Name_____Title_____

Name_____Title_____

Name_____Title_____

Name_____Title_____

Name_____Title_____

Date_____